



Application for Waiver of Minimum Wage for Employees with Disabilities M.G.L. c. 151, §9 and 455 C.M.R. 2.05 (2)

Pursuant to M.G.L. c. 151, §9 and 455 C.M.R. 2.05 (2), the Department of Labor Standards may issue to any employer of:

1) an employee whose earning capacity is impaired by age or physical or mental deficiency or injury,

or

2) an employee who is certified by the secretary of health and human services or his designee as a handicapped person

a certificate authorizing employment at a wage rate less than the established minimum fair wage.

To apply for this annual waiver, the employer must submit this completed application form, along with an application fee of one hundred dollars (\$100), and a copy of its current federal certificate issued by the U.S. Department of Labor as described further below. The fee must be submitted in the form of a money order or check, payable to the Commonwealth of Massachusetts, in the amount of the entire annual fee. This fee is not refundable in the event that this application is denied.

Please submit the completed application form and application fee to:

**Department of Labor Standards
Minimum Wage Program
19 Staniford Street, 2nd Floor
Boston, MA 02114**

Your application form and fee should be submitted at least 30 days prior to the requested date of applicability.

If you have any questions regarding this application, please contact DLS at 617-626-6952

PLEASE NOTE:

Employers seeking to pay disabled workers less than the federal minimum wage rate, must also file for a certificate authorizing such payment from the U.S. Department of Labor.



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Please provide the following information:

1. Name of company/organization: _____
2. Nature of business: _____
3. Telephone number: _____
4. Business address: _____
5. Name of contact person and title: _____
6. A copy of the company's/organization's initial or renewal (whichever is applicable) Application for Authority to Employ Workers with Disabilities at Special Minimum Wages (Federal Form WH-226-MIS), which is the federal certificate which authorizes the employer to pay special minimum wages. Include the following:
 - a copy of the application, including Federal Form WH-226A and all required supporting documentation, and
 - a copy of the federal certificate.
7. Provide names of the individuals with disabilities, the nature and extent of the disabilities, and the expected start dates. (attach additional sheets if necessary): _____



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8. Provide detailed information about the nature of the work and any time studies that have been conducted (attach additional sheets if necessary):

9. Provide the prevailing or usual wage rate for the work performed and the proposed adjusted hourly rate for the employees with disabilities. Explain how the prevailing rate and adjusted rate were determined (attach additional sheets if necessary):

10. a. Is this the company/organization's first application? Yes / No

b. If this is not the first application, when was the last application made? _____

c. If a previous application was approved, when was the waiver in effect? _____

Signature of Applicant: _____ Name of Applicant: _____

Title: _____ Date: _____

Office Use Only

CMS #: _____ Check #: _____ Date Received: _____
Granted / Denied Date: _____ Expiration Date: _____ New Application / Renewal